



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUSINESS DIV
2017 APR 17 AM 10:49

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------|--|
| 1. Entity ID Number 560506 | | 2. Exact Name of the Limited Liability Company GJP Properties, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 109 Airport Road | | | |
| City/Town Warwick | State RHODE ISLAND | Zip 02889 | |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Michael K. Glucksman | | | |
| 5. The address of the NEW resident office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 111 Airport Road, Suite 1 | | | |
| City/Town Warwick | State RHODE ISLAND | Zip 02889 | |
| 6. The name of the NEW resident agent is: Michael K. Robinson, Esquire | | | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX | | | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____ | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person of the Limited Liability Company | | Date | |
| | | 4/13/17 | |
| Signature of Authorized Person of the Limited Liability Company | | | |
| SIGN DOCUMENT HERE | | | |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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